

Clinical Laboratory Program

99 Chauncy Street, Boston, MA 02111
(617) 753-8438 (617) 753-8240 - Fax

Laboratory Update form

In an effort to keep our records current, please notify us of any changes to your practice. Please keep a copy for your records and send the signed original to the Clinical Laboratory Program at the address above. Thank you.

Information Changes

CLIA #
Current Practice Name:
Current Practice Address:
Laboratory Name:
Laboratory Address, City:
Laboratory Director:
Telephone #
Change of ownership:
Tax ID

Test Changes

Test Additions	Volumes*	PT Provider*	Test Deletions	Volume Changes

* For all test additions, the name of the CMS-approved PT provider with which your laboratory is enrolled and the anticipated testing volumes are required before the specialty can be added to your CLIA certificate.

Certificate changes

Change in Certificate Type: Must be accompanied in writing on letterhead or prescription pad and signed by director.

Certificate of: ☐ Compliance ☐ Accreditation ☐ Provider Performed Microscopy ☐ Waiver

☐ This is to inform the Clinical Laboratory Program that all laboratory testing has ceased effective ____/____/____. I understand that my CLIA identification number will, therefore, be terminated.

Required Signatures

Laboratory Director Signature:
Date
Print Name: